

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p><b>A. Signature</b>   <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b> <i>Nanette Pitcher</i> <b>C. Date of Delivery</b> <i>9/13/07</i></p> <p><b>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes</b>  <b>If YES, enter delivery address below: <input type="checkbox"/> No</b></p> <p><i>07CV 798 509 Andens + MPE</i></p> <p><b>3. Service Type</b>  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p><b>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</b></p>	
<b>1. Article Addressed to:</b>  <b>Nanette Pitcher</b> <b>P.O. Box 56</b> <b>Dothan, AL 36302</b>		<b>2. Article Number</b> <i>(Transfer from service label)</i> <b>7006 2760 0002 4407 2476</b>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540